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| APPLICATION NO.                   | FILING DATE    | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |
|-----------------------------------|----------------|-------------------------|---------------------------------|------------------|
| 09/634,612                        | 08/05/2000     | Ronald John Rosenberger |                                 | 2637             |
| 75                                | 590 07/11/2002 |                         |                                 |                  |
| Ronald Rosenberger                |                |                         | EXAMINER                        |                  |
| P O Box 286<br>Richboro, PA 18954 |                |                         | MYHRE, JAMES W                  |                  |
|                                   |                |                         | ART UNIT                        | PAPER NUMBER     |
|                                   |                |                         | 3622<br>DATE MAILED: 07/11/2002 |                  |
|                                   |                |                         |                                 |                  |

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| cover the claim                     | t is considered an in-<br>ms as shown in the a | complete response, in that payr<br>attached Patent Application Fe | nent of \$ <u>790</u><br>e Determination R | is insufficient           |
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| The amendmen                        | t has not been ente                            | red, since applicant has faile                                    | d to remit (or aut                         | horize charge to a Deno   |
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| authorization is                    | s due within the perio                         | od set below.   |  |                           |
| The filing fee                      |  | submitted in this applic  |  | nt.                       |
| A balance of \$                     | 495.00   | is due for additional claims.                                     |  | · . · · ·                 |
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